



State Employees' Charitable Campaign
PLEDGE FORM REPORT ENVELOPE
MAXIMUM **15** FORMS PER ENVELOPE

FOR CAMPAIGN ADMINISTRATORS

USE ONLY

Pick Up/Drop Off: ____/____/2020

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

DEPARTMENT: _____

DDS CODE: _____

ADDRESS: _____

CITY/ZIP: _____

NAME OF CAPTAIN: _____

PHONE NUMBER OF CAPTAIN: _____

EMAIL OF CAPTAIN: _____

Please complete for ENCLOSED pledges only. Do not include ePledge donations.

Pledge Summary	# Of Donors	Total Contributions	Payments Enclosed In this Envelope
Payroll Deduction		\$	
Cash/Check Pledges <i>Submit all checks & cash with report envelope.</i>		\$	\$
Totals Enter Column Totals		\$	\$

By signing below, I am affirming the validity of this envelope face and content.

NOTE: Two (2) signatures (SEALED ENVELOPE) are required.

Chair: _____ Date: ____/____/2020

Captain: _____ Date: ____/____/2020

Keep a Copy for Your Records

IMPORTANT REMINDER

A United Way representative will collect ALL SECC donations.

To schedule a pick-up contact, Tim Sheldon at 302-573-3784 or tsheldon@uwde.org.

Before donations can be collected, Chairs must email a copy of this SIGNED form to Bridget Wallace: 302-672-5226, Bridget.Wallace@delaware.gov.